

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		1		1		
12		1		1		
13	1		1			
14	1		1			
15	1		1			
16		3		1		
17		1		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27	1		1			
28		3		1		
29		3		1		
30	1		1			
31		1		1		
32	1		1			
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43	1		1			
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49	1		1			
50		3		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		1		
52		3		1		
53		3		1		
54		3		1		
55		3		1		
56		3		1		
57		3		1		
58		3		1		
59		3		1		
60		3		1		
61		3		1		
62		1		1		
63		1		1		
64		3		1		
65		3		1		
66		3		1		
67		3		1		
68	1		1			
69	1		1			
70		1		1		
71		1		1		
72	1		1			
73		1		1		
74		2		1		
75	1		1			
76		1		1		
77	1		1			
78	1		1			
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS